



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/01/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Anchor Insurance & Surety, Inc 1201 SW 12th Ave., Suite 500 Portland, OR 97205-2030	503-224-2500 503-224-9830	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: H&ACO-1	FAX (A/C, No):
INSURED Supplier Legal Operating Name (MUST MATCH NAME ON SUBCONTRACT OR PURCHASE ORDER) Supplier Address Supplier Address ZIP		INSURER(S) AFFORDING COVERAGE INSURER A : ABC Insurance Company INSURER B : DEF Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X	POLICY NUMBER	12/01/11	12/01/12	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> IF DOMICILED IN WASHINGTON>>>>						PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO			POLICY NUMBER	12/01/11	12/01/12	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	X					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: OPERATIONS OF THE INSURED - H&A CONSTRUCTION CO. & PROJECT OWNER ARE PRIMARY ADDITIONAL INSUREDS FOR ONGOING OPERATIONS & PRODUCTS/COMPLETED OPERATIONS AND WAIVER OF SUBROGATION APPLIES IN FAVOR OF SAID ADDITIONAL INSUREDS PER ATTACHED GENERAL LIABILITY ENDORSEMENT NUMBER(S)

CERTIFICATE HOLDER

CANCELLATION

H&ACO-1 H&A CONSTRUCTION CO PO BOX 23755 TIGARD, OR 97223	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="text-align: center; font-family: cursive;"> </div>
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POLICY NUMBER: 1234567

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS (FORM B) - PRIMARY**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:
H&A CONSTRUCTION CO.
NAME OF PROJECT OWNER

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

"It is agreed that such insurance as is afforded by this policy for the benefit of the additional insured shown shall be primary insurance, and any other insurance maintained by the additional insured(s) shall be excess and non-contributory, but only as respects any claim, loss or liability arising out of the operations of the named insured."

**SAMPLE PRIMARY ADDITIONAL INSURED ENDORSEMENT
WORDING**

**OREGON WORKERS' COMPENSATION
CERTIFICATE OF INSURANCE**

**MAIL TO:**

H&A CONSTRUCTION CO
PO BOX 23755
TIGARD, OR 97281

CERTIFICATE HOLDER:

H&A CONSTRUCTION CO
PO BOX 23755
TIGARD, OR 97281

OCT 10 2008

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy.

POLICY NO.	POLICY PERIOD	ISSUE DATE
	10/01/2008 TO 10/01/2009	10/09/2008

INSURED:

ABC COMPANY
P O BOX XXXXX
Portland, OR 97224

BROKER OF RECORD:

INSURANCE AGENCY INC

LIMITS OF LIABILITY:

Bodily Injury by Accident	\$1,000,000each accident
Bodily Injury by Disease	\$1,000,000each employee
Bodily Injury by Disease	\$1,000,000policy limit

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:

All Operations
Waiver of subrogation in favor of H&A Construction Co. and Project Owner

IMPORTANT:

The coverage described above is in effect as of the issue date of this certificate. It is subject to change at any time in the future.

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above.

AUTHORIZED REPRESENTATIVE

Brenda JP Recklin

President and CEO

SAIF CORPORATION

400 High Street SE, Salem, OR 97312-1000 (503)373-8000 1-800-265-8525

Carrier No: 20001

Endorsement No:

Policy No:

Agency:

INSURANCE

PO BOX 14623
PORTLAND, OR 97203-0623

Waiver of Our Right to Recover From Others Endorsement

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Description: ALL OPERATIONS
Contractor Name: H & A CONSTRUCTION
Address: PO BOX 23755
TIGARD, OR 97281 3755 .

This endorsement does not alter the rights of an injured worker to pursue recovery from another party or SAIF to receive a statutory share of recoveries by an injured worker, even from the party listed in the schedule.


For each contract subject to this endorsement, the premium charge is one quarter of one percent (.25%) of the manual premium for this policy subject to a maximum of one (1) percent.

Effective Date: 10-01-2005

This endorsement is part of your policy. This endorsement amends and controls anything to the contrary. It is otherwise subject to all other terms of your policy.

Countersigned 08-25-2005 at Salem, Oregon

430a


Brenda JP Rocklin, President
and Chief Executive Officer